

## 2007 Registration Form

**Directions:** Please print clearly. List each participant that lives at the same address & clearly place the date, time and location of each class/activity next to the participant's name. Complete the form in its entirety and mail to:

Name						<del> </del>	
Address			C	ity	State	Zip	
Home Phone	Work	Work Phone				<del> </del>	
Please circle the appr	ropriate area listed l	pelow from which	n you live:				
Fayetteville	Unincorporated Fayette County		Towr	Town of Brooks		PTC	
Town of Tyrone		Woolse	у	Another County (ADD 5			
Participant Name		Age	Activity	Date	Time	Fee	
1.							
2.							
3.							
4.							
guardian consent to the event of an eme immediate medical a I hereby consent to form whatsoever for department web site Consent is also gran	such participation or general attention for mysel the use and reproduse in the Fayettes, and in any other use of	and also verified to be reached, I f/my child.  duction of any a care County Parks are publications parks of my name /my care.	r injury or damages to s that adequate medical give permission for au and all photographs and and Recreation newslet roduced for the Fayette child in any part of thos ations, legal and otherwards.	al insurance in thorities of the lor video clipter, brochure e County Parkse publication	s in effect one above not	during this period. In ame agency to seek me/my child in any n the County and reation Department.	
Print and sign your name clearly				Date			
Witness				Date			
PROCESS	ED BY: Initials	DATE:	_AMOUNT PAID	CASH/CHEC	K #		